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SERIAL NUMBER 10/052,192	FILING OR 371(c) DATE 01/17/2002 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. 2002P00448 US
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/318,664 09/12/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 02/13/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 7	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

28524

**TITLE**

SYSTEM AND USER INTERFACE FOR PROCESSING HEALTHCARE RELATED EVENT INFORMATION

FILING FEE RECEIVED 1112	<p>FEES: Authority has been given in Paper        No. _____ to charge/credit DEPOSIT ACCOUNT        No. _____ for following:</p> <div style="border-left: 1px solid black; padding-left: 10px;"> <input type="checkbox"/> All Fees  <input type="checkbox"/> 1.16 Fees ( Filing )  <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )  <input type="checkbox"/> 1.18 Fees ( Issue )  <input type="checkbox"/> Other _____  <input type="checkbox"/> Credit         </div>
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